( OIPE	Application Number	10/635,739								
TRANSMITTAL	Filing Date	August 5, 2003								
************************************	First Named Inventor	Kishimoto, Toshimichi								
JAN 2 0 2005 👸	Art Unit	2182								
(to be used for all correspondence after initial filing)	Examiner Name	Jeffrey A. Gaffin								
Total Number of Pages in This Submission 18	Attorney Docket Number	16869P-085500US								
ENCLOSURES (Check all that apply)  After Allowance Communication to TC										
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority  Rer	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Add Terminal Disclaimer Request for Refund CD, Number of CD(s)  Landscape Table on CD marks The Commissioner is a	Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information  Status Letter Other Enclosure(s) (please identify below): Return Postcard Citations (8)								
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Account 20-1430.									
SIGNATURE	OF APPLICANT, ATTORN	IEY, OR AGENT								
Firm Name Townsend and Townsend a	nd Crew LLP									
Signature	M									
Printed name Chun-Pok Leung	·									
Date January 20, 2005	Reg. No	41,405								
Express Mail Label: EV530884224US  I hereby certify that this correspondence is being de	posited with the United States Pos 0, 2005 and is addressed to: Com	tal Service with "Express Mail Post Office to Address" missioner for Patents, P.O. Box 1450, Alexandria, VA								
Signature Eurabe	In Mesbett									
Typed or printed name Elizabeth Nesbitt	. /	Date January 20, 2005								

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Effective on 12/08/2004.  Letter the Consolidated Appropriations Act, 2005 (H.R. 4818).										
FEE TRANSMITTAL		Application Number	10/635,739							
1 1 1 2 1 2015		Filing Date	August 5, 2003							
J <sup>An 1</sup> <sup>1</sup> <sup>2000</sup> <b>€</b> or FY 2005		First Named Inventor	Kishimoto, Toshimichi Jeffrey A. Gaffin							
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	<del></del>	A. Gaπin					
TOTAL AMOUNT OF PAYMENT (\$) 130		Art Unit	2182							
TOTAL AMOUNT OF PATMENT (\$) 150			Attorney Docket No.	16869P-	085500US					
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038										
FEE CALCULATION										
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES										
·	Small Entity	JLF	Small Entity		Entity					
Application Type Fe	ee (\$) Fee (\$)	Fee	(\$) <u>Fee (\$)</u> <u>F</u>	<u>ee (\$) Fee</u>	<u>• (\$)</u>	Fees Paid	1 (\$)			
Utility . 30	00 150	500	250	200 10						
Design 20	.00 100	100	) 50	130 6	55 _					
Plant 20	.00 100	300	) 150	160 8	_					
Reissue 30	00 150	500	250	500 30	0 _					
Provisional 20	00 100	(	0	0	0 _	•				
2. EXCESS CLAIM FEES							nall Entity			
Fee Description  Fee (\$) Fee (\$) Fee (\$)										
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100										
Multiple dependent claims			360	180						
	Claims Fee (\$)	<u>Fe</u>			endent Claims	_				
-20 or HP = HP = highest number of total claims paid	d for, if greater than 20	-		<u>Fee (\$)</u>	Fee Paid (	<u>∌)</u>				
	Claims Fee (\$)		e Paid (\$)							
-3 or HP = HP = highest number of independent cla	X									
3. APPLICATION SIZE FEE	mins paid for, if greater than 3									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)										
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =										
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4. OTHER FEE(S)						<u>Fees P</u>	<u>'aid_(\$)</u>			
Non-English Specification, \$130 fee (no small entity discount)										
Other: Petition to Make Special						130				
SUBMITTED BY										
Signature	nature Registration No. (Attorney/Agent) Telephone 650-326-240						2400			
ame (Print/Type) Chun-Pok Leung Date January 20, 2005							75			